



**Michelle Lujan Grisham**  
Governor

**Howie C. Morales**  
Lt. Governor

**NEW MEXICO  
ENVIRONMENT DEPARTMENT**

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**James C. Kenney**  
Cabinet Secretary

**Jennifer J. Pruett**  
Deputy Secretary

Certified Mail-Return Receipt Requested

May 10, 2019

The Honorable Telesfor "Ted" Benavidez, Mayor  
Post Office Box 337  
Pecos, New Mexico 87552

**RE: Village of Pecos Wastewater Treatment Facility; Minor Facility; NPDES Permit No. NM0029041; NPDES Compliance Evaluation Inspection; April 25, 2019**

Dear Honorable Mayor Benavidez:

Enclosed please find a copy of the report and check list for the referenced inspection that the New Mexico Environment Department (NMED) conducted at your facility on behalf of the U. S. Environmental Protection Agency (USEPA). This inspection report will be sent to the USEPA in Dallas for their review. These inspections are used by USEPA to determine compliance with the National Pollutant Discharge Elimination System (NPDES) permitting program in accordance with the requirements of the federal Clean Water Act.

Further explanations are provided with the check list and discuss issues that should be addressed. The introduction and treatment scheme are also included with this inspection report.

You are encouraged to review the inspection report, required to correct any issues noted during the inspection, and advised to modify your operation and/or administrative procedures as appropriate. If you have comments on or concerns with the basis for the findings in the NMED inspection report, please contact us (see address below) in writing within 30 days from the date of this letter. Further, you are encouraged to notify in writing USEPA and NMED regarding modifications and compliance schedules at the address below:

David Long, NPDES Enforcement Coordinator  
Environmental Protection Agency, Region 6  
NPDES Enforcement Branch (6EN-WM)  
1445 Ross Avenue, Suite 1200  
Dallas, Texas 75202-2733

Sarah Holcomb, Program Manager  
New Mexico Environment Dept.  
Surface Water Quality Bureau  
Point Source Regulation Section  
PO Box 5469  
Santa Fe, New Mexico 87502

Village of Pecos WWTP  
March 10, 2019  
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David Long ([Long.David@epa.gov](mailto:Long.David@epa.gov)) is USEPA Region 6's NPDES Enforcement Coordinator at the above address. If you have any questions about this inspection report, please contact Sandra Gabaldon at 505-827-1041 or [Sandra.gabaldon@state.nm.us](mailto:Sandra.gabaldon@state.nm.us)

Sincerely,

*/s/ Sarah Holcomb*

Sarah Holcomb, Program Manager  
Point Source Regulation Section  
Surface Water Quality Bureau

Cc: Carol Peters-Wagnon, USEPA (6EN-WM) via email  
David Long, USEPA (6EN-WM) via email  
Nancy Williams, USEPA (6EN-WC) via email  
Amy Andrews, USEPA (6EN-WM) via email  
David Esparza, USEPA (6EN-WM) via email  
Brent Larson, USEPA (6WQ-PP) via email  
Robert Italiano, NMED District II via email  
New Mexico Environment Department, GWQB  
  
Leonard Quintana, via email



Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

## NPDES Compliance Inspection Report

### Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="1"/>	<input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="5"/>	18 <input type="text" value="C"/>	19 <input type="text" value="S"/> 20 <input type="text" value="1"/>		
<input type="text" value="M"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="O"/> <input type="text" value="R"/> <input type="text" value="P"/> <input type="text" value="O"/> <input type="text" value="T"/> <input type="text" value="W"/>					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 <input type="text" value="1"/> 69	70 <input type="text" value="2"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/> 73 <input type="text" value="7"/> <input type="text" value="5"/>	74 <input type="text" value="7"/> <input type="text" value="5"/>	80

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) I-25 North to Pecos Exit. Take HWY 63, towards Municipal Building. Prior to Municipal Building, turn left on Acequia Lane, then right onto Laguna Dr. Follow the road to the WWTP.	Entry Time /Date 1030 Hours / April 25, 2019	Permit Effective Date November 1, 2017
	Exit Time/Date 1200 Hours / April 25, 219	Permit Expiration Date October 31, 2022
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Leonard Quintana, Operator (505) 470-3697		Other Facility Data SIC 4952
Name, Address of Responsible Official/Title/Phone and Fax Number Telesfor "Ted" Benevidez, Mayor (505) 757-6591 Post Office Box 337 Pecos, New Mexico 87552	Yes <input type="checkbox"/> No <input type="checkbox"/> * <input type="checkbox"/>	35° 34'01.7" N -105° 4'20.6" W

### Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	U	Flow Measurement	M	Operations & Maintenance	N	CSO/SSO
S	Records/Reports	S	Self-Monitoring Program	U	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
M	Effluent/Receiving Waters	S	Laboratory	N	Storm Water		Other:

### Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Please see checklist and further explanations for details of findings

Name(s) and Signature(s) of Inspector(s) Sandra Gabaldon /s/ Sandra Gabaldon	Agency/Office/Telephone/Fax NMED/SWQB/(505) 827-1041/(505) 827-0160	Date May 9, 2019
Signature of Management QA Reviewer /s/ Sarah Holcomb Sarah Holcomb, Program Manager	Agency/Office/Phone and Fax Numbers NMED/SWQB/(505) 827-0596/(505) 827-0160	Date May 10, 2019

VILLAGE OF PECOS		PERMIT NO. NM0029041	
SECTION A – PERMIT VERIFICATION			
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u> )	
DETAILS:			
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
4. ALL DISCHARGES ARE PERMITTED		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
SECTION B – RECORDKEEPING AND REPORTING EVALUATION			
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u> )	
DETAILS:			
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
b) NAME OF INDIVIDUAL PERFORMING SAMPLING		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
c) ANALYTICAL METHODS AND TECHNIQUES.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
d) RESULTS OF ANALYSES AND CALIBRATIONS.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
e) DATES AND TIMES OF ANALYSES.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
f) NAME OF PERSON(S) PERFORMING ANALYSES.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	
SECTION C – OPERATIONS AND MAINTENANCE			
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>YES</u> )	
DETAILS:			
1. TREATMENT UNITS PROPERLY OPERATED.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
2. TREATMENT UNITS PROPERLY MAINTAINED.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
5. ALL NEEDED TREATMENT UNITS IN SERVICE		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	

VILLAGE OF PECOS		PERMIT NO. NM0029041
SECTION C – OPERATIONS AND MAINTENANCE (CONT'D)		
9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
10.HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
SECTION D – SELF-MONITORING		
PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. DETAILS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u> ).	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
6. SAMPLE COLLECTION PROCEDURES ADEQUATE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
a) SAMPLES REFRIGERATED DURING COMPOSITING.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
b) PROPER PRESERVATION TECHNIQUES USED.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.3.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE’S SELF-MONITORING REPORT?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
SECTION E – FLOW MEASUREMENT		
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. DETAILS:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>YES</u> )	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. TYPE OF DEVICE: <u>Closed pipe with magmeter</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
4. CALIBRATION FREQUENCY ADEQUATE. RECORDS MAINTAINED OF CALIBRATION PROCEDURES. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	
5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE. <u>Closed pipe with mag meter.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
6. HEAD MEASURED AT PROPER LOCATION.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
SECTION F – LABORATORY		
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. DETAILS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u> )	
1. EPA APPROVED ANALYTICAL PROCEDURES USED ( <i>40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES</i> )	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	

VILLAGE OF PECOS						PERMIT NO. NM0029041	
SECTION F - LABORATORY (CONT'D)							
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
4. QUALITY CONTROL PROCEDURES ADEQUATE.						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
5. DUPLICATE SAMPLES ARE ANALYZED. <u>10</u> % OF THE TIME.						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
6. SPIKED SAMPLES ARE ANALYZED. <u>   </u> % OF THE TIME.						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
7. COMMERCIAL LABORATORY USED.						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
LAB NAME <u>Hall Environmental Analysis Laboratory, Inc.</u> <u>Bio Aquatic Testing</u>							
LAB ADDRESS <u>4901 Hawkins St., NE; Albuquerque, NM 87109</u> <u>2501 Mayes Road, #100; Carrollton, TX 75006</u>							
PARAMETERS PERFORMED <u>Biochemical Oxygen Demand, TSS, E. coli</u> <u>WET (biomonitoring)</u>							
SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u> ).							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	NONE	NONE	NONE	NONE	NONE	CLEAR	
RECEIVING WATER OBSERVATIONS <u>Spring runoff is occurring and the flow is high. There is some turbidity, no foam, no grease from the discharge outfall 001.</u>							
SECTION H - SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. DETAILS:				<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>YES</u> ).			
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY.						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503.						<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: <u>N/A</u> (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)							
SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED <u>   </u> ).							
1. SAMPLES OBTAINED THIS INSPECTION.						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
2. TYPE OF SAMPLE OBTAINED GRAB <u>          </u> COMPOSITE SAMPLE <u>   </u> METHOD <u>          </u> FREQUENCY <u>          </u>							
3. SAMPLES PRESERVED.						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
4. FLOW PROPORTIONED SAMPLES OBTAINED.						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE.						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
6. SAMPLE REPRESENTATIVE OF VOLUME AND MATURE OF DISCHARGE.						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
7. SAMPLE SPLIT WITH PERMITTEE.						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED.						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT.						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	

**VILLAGE OF PECOS**  
**NPDES PERMIT #NM0029041**  
**COMPLIANCE EVALUATION INSPECTION**  
**DATE OF INSPECTION: APRIL 25, 2019**

**INTRODUCTION:**

A Compliance Evaluation Inspection (CEI) was conducted at the Village of Pecos Wastewater Treatment Plant (WWTP) on April 25, 2019 by Sandra Gabaldón and Daniel Valenta of the State of New Mexico Environment Department (NMED), Surface Water Quality Bureau (SWQB). This facility is classified as a minor discharger under the federal Clean Water Act (CWA), Section 402. This facility is regulated under the National Pollutant Discharge Elimination System (NPDES) permit program and is assigned NPDES permit number NM0029041. The facility design flow is 0.25 million gallons per day (MGD).

The Village of Pecos WWTP discharges into the Pecos River at Latitude N35°34'01.7", Longitude W - 105°4'20.6' in Segment 20.6.4.217 of the Pecos River Basin. This segment, as classified under the *Standards for Interstate and Intrastate Surface Water 20.6.4 NMAC*, has designated uses of: domestic water supply, fish culture, high quality coldwater aquatic life, irrigation, livestock watering, wildlife habitat and primary contact; and public water supply on the main stem of the Pecos River.

The inspectors arrived at the Village of Pecos WWTP at 1030 hours and conducted an entrance interview with Mr. Leonard Quintana, Level IV Operator. The inspectors made introductions, presented credentials, and discussed the purpose of the inspection with Mr. Quintana. An exit interview to discuss preliminary findings of the inspection was conducted with Mr. Quintana at the Pecos Wastewater Treatment Plant.

The NMED performs a specific number of CEI's annually for the United States Environmental Protection Agency (USEPA). The purpose of this inspection is to provide the USEPA with information to evaluate the permittee's compliance with their NPDES permit. The enclosed inspection report is based on verbal information supplied by the permittee's representatives, observations made by the NMED inspector, and a review of records maintained by the permittee, commercial laboratories, and/or NMED. Findings of the inspection are detailed on the attached EPA form 3560-3 and in the narrative Further Explanations section of the report.

**TREATMENT SCHEME:**

The Village of Pecos serves a population of approximately 1,000 people. The WWTP is a Sequencing Batch Reactor (SBR). Raw wastewater enters the plant through a three-inch Parshall Flume. A Vulcan Filter Stair Screen then removes debris by moving the debris upward by rotating the screen upwards; slowly moving the debris to the next level. Once the debris reaches the top step, it is discharged to a trash receptacle for later disposal.

The influent is gravity fed to the two SBR basins by a splitter pipe which can be manually closed and opened to allow influent to either basin. In the SBR, wastewater goes through three phases of treatment. These include: react, settle and decant.

During the react phase, the wastewater undergoes 168 minutes of alternate periods of anoxic mix and aeration. In the settle phase, the aerators are stopped, which allows the solids to settle out and move to the bottom. This allows the clear wastewater to stay on top. Then, the decant phase starts and the decanter removes clarified supernatant to the ultraviolet system for final disinfection. The effluent is measured by an enclosed Sparling Magnetic Flow Meter.

**SLUDGE:**

Waste activated sludge is wasted to the aerated sludge digester. The thickened sludge is sent from the digester to the sludge drying beds where they can be dewatered. The solids are then stored onsite.

The solids have been stored on site since the facility went into operation (greater than two years).



### **Further Explanations:**

Note: The sections are arranged according to the format of the enclosed EPA Inspection Checklist (Form 3560-3), rather than being ranked in order of importance.

### **Section C – Operation and Maintenance – Overall Rating of “Marginal”**

Permit requires in Part III, Section B.3 Proper Operation and Maintenance:

- a. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by permittee as efficiently as possible and in a manner which will minimize upsets or discharges of excessive pollutants and will achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of this permit.*
- b. The permittee shall provide adequate operating staff which is duly qualified to carry out operation, maintenance and testing functions required to insure compliance with the conditions of this permit.*

### **Findings** for Operation and Maintenance:

The permittee has one certified operator employed. It is imperative that another certified operator be employed and able to run the facility in an efficient manner in the event that the primary operator is unavailable. The current operator plans on retiring in approximately two years.

The permittee has a Groundwater Permit from the Department of Environment to cover the lagoons, which should be decommissioned. The permittee was required to do so by December 1, 2015. The lagoons are still intact at this point. The permittee needs to address this as soon as possible and come into compliance with the Groundwater requirements.

The facility has no written emergency plan in place. At all times, the facility should follow safe operating procedures. Employees must be trained in emergency shut-down, fire control, and spill response procedures, as well as in the use of safety equipment, safe sampling techniques, and safe handling of chemicals and wastes. Occupational Safety and Health Administration (OSHA) provides Right-to-Know laws regarding potentially dangerous chemicals in the workplace. This law specifically requires a written hazard communication program, labeling of chemicals, and the availability of material safety data sheets to employees upon request.

### **Section E – Flow Measurement – Overall Rating of “Unsatisfactory”**

Permit requires in Part III, C.6 Flow measurement:

*Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to ensure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed,*

*calibrated and maintained to insure that the accuracy of the measurements is consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than 10% from true discharge rates throughout the range of expected discharge volumes.*

**Findings** for Flow measurement:

The permittee has failed to calibrate their mag meter to insure the device is measuring flow with a maximum deviation of less than 10% from true discharge rates.

Magnetic flowmeters function on the principle of Faraday's Law which states that a conductor moving through a magnetic field will generate a voltage that is proportional to the speed of the conductor. This relationship is described by the following equation:

$$E = k * B * D * V$$

Where:

- E = The induced voltage generated
- k = A unit conversion constant
- B = The Magnetic Field Strength
- D = The distance between the probes picking up the induced voltage
- V = The velocity of the conductor

With magnetic flowmeters, the conductor is the fluid that is passing through the sensor and D becomes the distance between the measurement electrodes which will always be a fixed distance. This means that the relationship between E and B and V needs to be established. This is done through the calibration process which is performed on the magnetic sensor. The calibration process determines a calibration number that is unique to every sensor. This calibration number then describes the relationship between the velocity (V) and the induced voltage (E).

With this, Faraday's equation can be re-written as:

$$E = C * V$$

Where:

$$C = \text{Calibration constant} = k * B * D$$

k and D are fixed which means that the only variable that will result in a change in the calibration constant is a change in the magnetic field. Since there are no moving parts to a magnetic flowmeter, and the coil windings and coil current are constant if the meter is functioning correctly, B should not change over time. By taking baseline measurements of some basic parameters that describe the magnetic field strength (B) during the calibration process, a factory reference point to the magnetic field strength at the time of calibration for that sensor is established. By comparing measured values taken during the meter verification process to the established baseline parameters and checking for deviations it can be determined if the sensor calibration has shifted and corrective action needs to be taken.

With the above information, the facility should be able to find an outside contractor that has the ability to check the flow calibration on, at least, an annual basis.

The mag meter is located in a confined space, and the operator is not certified to enter a confined space. This is a situation in which the ultraviolet system and mag meter were placed in an area which is not accessible to the operator. This presents a substantial problem for the facility.

### **Section G – Effluent/Receiving Waters Observations – Overall Rating of “Marginal”**

The permit requires in Part I, Section A. Effluent Limitations and Monitoring Requirements:

<b><u>Effluent Characteristics</u></b>	<b><u>Discharge Limitations</u></b>				<b><u>Monitoring Requirements</u></b>	
	Mass (lbs/day, unless otherwise specified)		Concentration (mg/l, unless otherwise)		Frequency	Sample Type
	30-Day Avg.	7-Day Avg.	30-Day Avg.	7-Day Avg.		
Flow	N/A	N/A	Report (MGD)	Report (MGD)	Daily	Instantaneous
Biochemical Oxygen Demand (BOD <sub>5</sub> )	38	56	30	45	2/Month	8-hr composite
Total Suspended Solids (TSS)	38	56	30	45	2/Month	8-hr composite
BOD <sub>5</sub> % Removal <sup>(1)</sup>	85%	N/A	N/A	N/A	2/Month	Calculation
TSS % Removal <sup>(1)</sup>	85%	N/A	N/A	N/A	2/Month	Calculation
Total Residual Chlorine <sup>(2)</sup> (TRC)	N/A	N/A	0.019 (Instantaneous Max)		Daily	Grab
E. coli (colonies/100 ml)	N/A	N/A	126	23 5	2/Month	Grab
pH	N/A	N/A	6.6 s.u. Minimum	8.8 s.u.	Daily	Grab

### **Findings** for Self-Monitoring:

According to the data reported from Hall Environmental Analysis Laboratory, Inc., contract laboratory, the E. coli results were < 1 for the month of August 2018. The permittee should report the results as < 1 rather than reporting the results as “= 1”.

# DISCHARGE MONITORING REPORT CALCULATION CHECK

**AUGUST 2018**

## **E. Coli**

Sample Dates:	08/08/2018	08/22/2018			Data reported on DMR
E. coli (#100ml)	<1	<1			
Daily Max					1.0
30-day Average: Log of colonies per 100 mL Add all logs and divide by number of samples. Geometric Mean is antilog.	$\text{Log } (1) + \text{log } (1) = 0$  $0 + 0 = 0 / 2$  $\text{Antilog } 0 = 1$				<b><u>10.0*</u></b>

**\*Does not match what was reported on DMR**

## **BOD**

Sample Date:	Daily Flow (MGD)	BOD (mg/l)	Calculated Daily Load
08/08/2018	(133 Inst. GPM = 0.192 MGD)	2.0	$0.192 \times 2.0 \times 8.34 = 3.20 \text{ lbs/d}$
08/21/2018	(118 Inst. GPM = 0.170 MGD)	3.0	$0.170 \times 3.0 \times 8.34 = 4.25 \text{ lbs/d}^{**}$
GPM x 1440 min/d / 1,000,000 = MGD			
			% Removal = (Inflow Conc. – Effluent Conc.) / Inflow Conc.
08/08/2018 – INFLUENT		730	$(730 - 2) / 730 (100) = 99\%$
08/22/2018 – INFLUENT		580	$(580 - 3.0) / 580(100) = 99\%$
Calculated Monthly Average (Loading):	$3.2 \text{ lbs/d} + 4.25 \text{ lbs/d} = 7.45 \text{ lbs/d} / 2 = 3.73 \text{ lbs/d}^{**}$		
Calculated Monthly Average (Conc.):	$2.0 \text{ mg/L} + 3.0 \text{ mg/L} = 5.0 \text{ mg/L} / 2 = 2.5 \text{ mg/L}$		
Reported on DMR	3.4 lbs/d 30-D Avg.; 4.3 lbs/d 7-D Avg. 2.5 mg/L 30-D Avg.; 3.0 mg/L 7-D Avg.		

**DOES NOT MATCH WHAT WAS REPORTED ON eDMR**

## TSS

Sample Date:	Daily Flow (MGD)	TSS (mg/l)	Calculated Daily Load
08/08/2018	(133 Inst. GPM = 0.192 MGD)	4.0mg/L	$0.192 \times 4.0 \times 8.34 = 6.41 \text{ lbs/d}^{**}$
08/21/2018	(118 Inst. GPM = 0.170 MGD)	4.0 mg/L	$0.170 \times 4.0 \times 8.34 = 5.67 \text{ lbs/d}$
GPM x 1440 min/d / 1,000,000 = MGD			
			% Removal = (Inflow Conc. – Effluent Conc.) / Inflow Conc.
08/08/2018 INFLUENT	–	430	$(430 - 4) / 430(100) = 99\%$
08/21/2018 INFLUENT	–	200	$(200 - 4) / 200(100) = 98\%$
Calculated Monthly Average (Loading):	$6.41 + 5.67 = 12.08 / 2 = 6.04 \text{ lbs/d}^{**}$		
Calculated Monthly Average (Conc.)	$4.0 + 4.0 = 8.0 / 2 = 4.0 \text{ mg/L}$		
Reported on DMR	5.3 lbs/d 30-D avg.; 5.7 lbs/d 7-D avg. 4.0 mg/L 30-D avg.; 4.0 mg/L 7-D avg.		

**\*\* DOES NOT MATCH WHAT WAS REPORTED ON eDMR**

### **Section H – Sludge Disposal – Overall Rating of “Unsatisfactory”**

The permit requires in Part IV, Section 1.A General Requirements:

*The permittee shall handle and dispose of sewage sludge in accordance with Section 405 of the Clean Water Act and all other applicable Federal regulations to protect public health and the environment from any unreasonably anticipated adverse effects due to any toxic pollutants which may be present in the sludge.*

## **PART 503—STANDARDS FOR THE USE OR DISPOSAL OF SEWAGE SLUDGE**

### **Subpart A—General Provisions**

*§ 503.1 Purpose and applicability.*

(a) *Purpose.*

*(1) This part establishes standards, which consist of general requirements, pollutant limits, management practices, and operational standards, for the final use or disposal of sewage sludge generated during the treatment of domestic sewage in a treatment works. Standards are included in this part for sewage sludge applied to the land, placed on a surface disposal site, or fired in a sewage sludge incinerator. Also included in this part are pathogen and alternative vector attraction reduction requirements for sewage sludge applied to the land or placed on a surface disposal site.*

*(2) In addition, the standards in this part include the frequency of monitoring and recordkeeping requirements when sewage sludge is applied to the land, placed on a surface disposal site, or fired in a sewage sludge incinerator. Also included in this part are reporting requirements for Class I sludge management facilities, publicly owned treatment works (POTWs) with a design flow rate equal to or greater than one million gallons per day, and POTWs that serve 10,000 people or more.*

*(b) Applicability.*

*(1) **This part applies to any person who prepares sewage sludge, applies sewage sludge to the land, or fires sewage sludge in a sewage sludge incinerator and to the owner/operator of a surface disposal site.***

*(2) This part applies to sewage sludge applied to the land, placed on a surface disposal site, or fired in a sewage sludge incinerator.*

*(3) This part applies to the exit gas from a sewage sludge incinerator stack.*

*(4) This part applies to land where sewage sludge is applied, to a surface disposal site, and to a sewage sludge incinerator.*

*Definitions:*

*(y) Store or storage of sewage sludge is the placement of sewage sludge on land on which the **sewage sludge remains for two years or less**. This does not include the placement of sewage sludge on land for treatment.*

**Findings** for Sludge Disposal:

The permittee has stockpiled sludge for longer than two years onsite, therefore becoming a storage site for sludge. This is unacceptable practice and the permittee needs to test and remove the sludge or apply for a sludge only permit.